

Waiver

Name: _____

____ All clients are responsible for providing a current (written within 6 months) referral or prescription from an authorized provider before their massage appointment.

____ If your insurance company denies payment because they have no current prescription/referral on file, you (the client) are responsible for the charges in full to Embody Healing Arts.

____ All clients are responsible for providing a current health insurance card before their appointment. I cannot bill your health insurance company without having a copy of your insurance card.

____ All clients will be responsible for payment in full at the time of their appointment if no insurance card and/or referral is provided.

I have read the above and been informed that I may be responsible for the payment in full for today's appointment.

Signature: _____ Date: _____